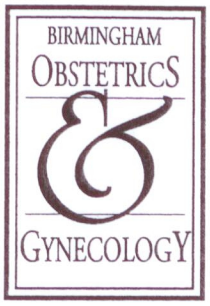
BIRMINGHAM OBSTETRICS / GYNECOLOGY, P.C.

Ronald W. Orso, M.D., F.A.C.O.G.
L. Jeffers Fowlkes, M.D., F.A.C.O.G.
David McKee, M.D., F.A.C.O.G.
David B. Damrich, M.D., F.A.C.O.G.
Michele M. Christine, M.D., F.A.C.O.G.
Ashley Przybysz, M.D., F.A.C.O.G.
Christy J. Heath, M.D., F.A.C.O.G.
Sarah C. Davis, M.D., F.A.C.O.G.
Vineeta A. Estes, M.D., F.A.C.O.G.



800 St. Vincent's Drive
Suite 500, North Tower
Birmingham, Alabama 35205
Telephone 205-933-8334
Fax 205-933-8466

www.birminghamobgyn.com

PRACTICE LIMITED TO
OBSTETRICS, GYNECOLOGY, INFERTILITY

HIPAA Compliant Authorization for Release of Medical Information

RECORDS RELEASED TO:

Name_____
Address_____
_____
Phone_____
Fax_____

RECORDS RELEASED FROM:

Name_____
Address_____
_____
Phone_____
Fax_____

INFORMATION TO BE USED OR DISCLOSED:

__ Entire Record
__ Last 2 Years
__ Lab Work
__ Pap Smear
__ Other _____

PURPOSE OF DISCLOSURE

__ Changing Doctor
__ Moving
__ Personal
__ Other

* Unless you sign here, No information about alcohol/substance abuse, HIV/AIDS or mental health issues, including ADD and ADHD will be disclosed. ***One signature required here*** (ANY PATIENT AGE 14 AND OVER MUST PROVIDE THE SIGNATURE HERE)
YES, disclose this information _____
NO, do NOT disclose this information _____

Expiration Date of Authorization
This authorization is effective through _____/_____/_____ unless revoked or terminated earlier by the patient or patient's representative.

You may revoke or terminate this authorization by submitting a written revocation to Birmingham OB/GYN. You should contact the Privacy Officer to terminate this authorization.

YOUR RIGHTS
* You may inspect or copy information used or disclosed under this authorization
* You may refuse to sign this authorization

Patient Signature_____ **Date**_____

Patient Name (Please Print)_____

SS#_____ **Date of Birth**_____

* FEES FOR COPIES: Federal and State Law permits a fee to be charged for the copying of patient records. Birmingham OB/GYN has contracted with ACTON Corporation to make copies. ACTON Corporation will send an invoice which can be paid by check, or by calling 1-888-678-7227 to make a card payment.